Trauma-Focused Cognitive Behavioral Therapy

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a treatment intervention designed to help children, youth, and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to disasters, terrorist attacks, or war trauma. It was developed by integrating cognitive and behavioral interventions with traditional child abuse therapies in order to focus on enhancing children's interpersonal trust and reempowerment.

TF-CBT can be provided to children 3 to 18 years old and their parents by trained mental health professionals in individual, family, and group sessions in outpatient settings. TF-CBT targets symptoms of posttraumatic stress disorder (PTSD) that often co-occur with depression and acting-out behaviors. PTSD includes an array of anxiety symptoms as well as—

- Intrusive thoughts of the traumatic event
- Avoidance of reminders of the trauma
- Emotional numbing
- Excessive physical arousal/activity
- Irritability
- Trouble sleeping or concentrating

The intervention also addresses issues commonly experienced by traumatized children, such as poor self-esteem, difficulty trusting others, mood instability, and self-injurious behavior, including substance use.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Effective Substance Abuse and Mental Health Programs for Every Community

PROVEN RESULTS*

Children receiving TF-CBT experience significantly greater improvement in:

- PTSD symptoms
- Depression
- Negative attributions (such as self-blame) about the traumatic event
- Defiant and oppositional behaviors
- Social competence
- Anxiety

**Results compared to traumatized children receiving supportive therapy (a supportive relationship with the therapist but no specific behavioral or cognitive therapy components).*

INTERVENTION

Universal

Selective

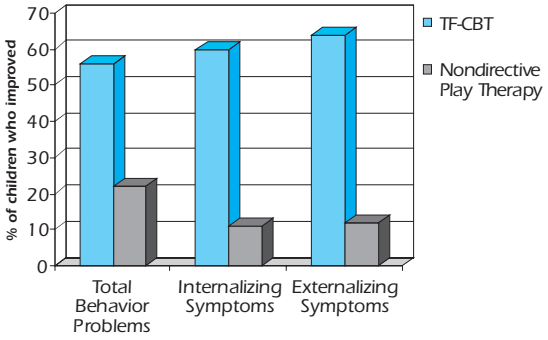
Indicated

Outcomes

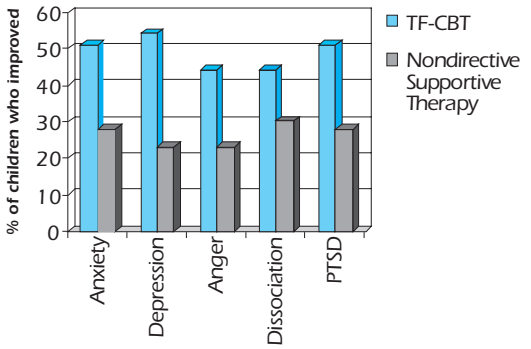
Randomized controlled trials found that, compared to children who received supportive therapy, children who received TF-CBT—

- Had significantly less acting-out behavior
- Had significantly reduced PTSD symptoms
- Had significantly greater improvement in depressive symptoms
- Had significantly greater improvement in social competence
- Maintained these differential improvements over the year after treatment ended

Children 3 to 7 years old, with initial problems, receiving TF-CBT or other therapy who had improved to within normal range at posttreatment



Percentage of children 8 to 14 years old who improved during 12-week treatment of TF-CBT or other therapy



INTENDED POPULATION

TF-CBT was designed for children 3 to 18 years old who have developed significant emotional or behavioral difficulties following exposure to a traumatic life event. It has been adapted for use in children exposed to events such as traumatic loss of a loved one, physical abuse, domestic and community violence, motor vehicle accidents, fires, tornadoes and hurricanes, industrial accidents, and terrorist attacks. The boys and girls tested came from all socioeconomic backgrounds, have lived in a variety of settings (with parents, other relatives, foster placements, group homes, residential treatment facilities), and came from diverse ethnic groups. TF-CBT has been adapted for Hispanic/Latino children, and some of its assessment instruments are available in Spanish.

BENEFITS

- Develops adaptive skills for dealing with stress
- Decreases children's anxiety about thinking or talking about the event
- Enhances accurate and helpful cognitions
- Enhances children's personal safety skills
- Resolves parental distress about the child's experience
- Enhances parental support for their children
- Prepares children to anticipate and cope with traumatic and loss reminders

HOW IT WORKS

Traumatized children may develop extreme fear of anything that reminds them of the traumatic event. This can lead to avoidance of traumatic reminders and extreme emotional and physiological guardedness. Whether or not children have PTSD, these symptoms can significantly interfere with their ability to function and develop optimally. TF-CBT helps children talk directly about their traumatic experiences in a supportive environment where they can become less fearful, less avoidant, and more able to tolerate trauma-related thoughts and feelings. This treatment model also teaches children how to examine their thoughts, feelings, and behaviors and how to change these in order to feel better. It also provides children with tools such as relaxation and deep-breathing techniques, problem solving, and safety education to help them manage stressful situations in the future.

A parental treatment component is an important element of TF-CBT. With it, parents are assisted in—

- Exploring their own thoughts and feelings about the child's experience and resolving their personal trauma-related distress
- Learning effective parenting skills
- Providing optimal support to their children

Several child-parent sessions are included in the TF-CBT intervention, during which the child is encouraged to discuss the traumatic experience

directly with the parent, and both parent and child learn to communicate questions, concerns, and feelings more openly. This intervention is typically provided in outpatient mental health facilities but has been used in hospital, group home, school, community, and in-home settings.

IMPLEMENTATION ESSENTIALS

For successful replication of TF-CBT, it is highly desirable that the child's parent or primary caretaker is available to participate in treatment. Audiotaping treatment sessions, for TF-CBT-trained supervisors to review and provide feedback to staff, is also helpful.

Private therapy rooms are required for this intervention, along with drawing and writing supplies, psychoeducational books (a reference list can be provided and site staff can order books appropriate to their clients), and handouts provided with the *TF-CBT Treatment Manual.* Other program components that are essential to the successful replication of TF-CBT include:

Staff Selection and Training

Staff should be experienced in evaluating and treating a variety of child and adolescent mental health problems. Staff must receive specific 1- to 3-day training with TF-CBT treatment manuals they will use.

Program Materials

The TF-CBT program offers treatment manuals that address specific types of trauma events including *CBT Treatment Manual for Traumatic Bereavement; CBT Treatment Manual for Children* (individual treatment); *Traumatic Bereavement CBT Group Treatment Manual for Children.* A "Treatment of Trauma in Children" audiotape is also available. Use of pre- and posttreatment assessment instruments to monitor treatment outcome also is important.

Client Identification

Childhood PTSD is underrecognized and undertreated, and most outpatient facilities already see traumatized children without recognizing this should be an important treatment focus. It is the implementer's responsibility to develop methods to identify and recruit children with significant trauma-related difficulties who can attend 12 to 16 weekly treatment sessions. The *TF-CBT Training Guide* includes a component on how to identify and screen children in general clinical populations for trauma exposure and PTSD symptoms.

PROGRAM BACKGROUND

TF-CBT was originally developed and tested for sexually abused boys and girls, ages 3 to 14, and their nonabusive parents. Many of these children had sexualized behaviors as well as other behavioral problems, anxiety, depression, and problematic attributions about the abuse. Although these children were from diverse socioeconomic backgrounds, most were from poor or working class urban or rural families and primarily White and

African American. TF-CBT was developed and tested at the Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents, in Pittsburgh, PA, with grants from the U.S. Department of Health and Human Services' National Institute of Mental Health and National Center for Child Abuse and Neglect, and the Department of Justice Office for Victims of Crime, the Allegheny-Singer Research Institute, and the Jewish Healthcare Foundation of Pittsburgh.

TF-CBT is currently being modified and disseminated for use in broader community settings through the National Child Traumatic Stress Initiative network, which is funded by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration. Numerous therapy and treatment elements have been incorporated into the design of the TF-CBT model, in hopes of avoiding some of the long-term negative effects of child traumatic stress such as increased risk of substance abuse, suicide attempts, relationship difficulties, smaller brains, and lower IQs.

EVALUATION DESIGN

Evaluation of TF-CBT has included both open treatment studies, which evaluated pre- to posttreatment improvement, and randomized controlled trials where children were randomly assigned to receive either TF-CBT or nondirective play therapy, where the child or parent is empowered to direct the treatment process and content (children 3 to 7 years old), or supportive therapy (children 8 to 14 years old). The latter studies have treated over 500 sexually abused children, including a multisite study that has been conducted in conjunction with Dr. Esther Deblinger of the Center for Children's Support, University of Medicine and Dentistry of New Jersey.

TF-CBT is currently being evaluated in a randomized clinical trial for children who experienced traumatic loss as a result of terrorism. This trial is being conducted by Drs. Elissa Brown and Robin Goodman at the New York University Child Study Center. Evaluation in both open and randomized treatment trials has included multiple domains (PTSD, depression, anxiety, behavioral problems; school, family, and social functioning), multiple reporters (child, parent, teacher, therapist, independent evaluator ratings), and assessment of moderating and mediating factors in treatment response.

PROGRAM DEVELOPERS

Judith A. Cohen, M.D.
Anthony P. Mannarino, Ph.D.

Dr. Cohen and Dr. Mannarino have served as principal investigators on 12 grants resulting in the development, testing, and dissemination of the TF-CBT treatment model. Together they direct the Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents in Pittsburgh, PA. Dr. Cohen is a Board-certified child and adolescent psychiatrist and professor of psychiatry at Drexel University College of Medicine. She is the principal author of the *Practice Parameters for the Assessment and Treatment of Children with PTSD* published by the American Academy of Child and Adolescent Psychiatry. Dr. Mannarino is a clinical child psychologist, professor of psychiatry at Drexel University College of Medicine, and chairman of the Department of Psychiatry at Allegheny General Hospital. Drs. Cohen and Mannarino have both served on the Board of Directors of the American Professional Society on the Abuse of Children and have published and taught extensively regarding the assessment and treatment of traumatized children.

CONTACT INFORMATION

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RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

Betty Elmer Award—Family Resources of Pittsburgh (Drs. Cohen and Mannarino)

Greater Pittsburgh Psychological Association Legacy Award (Dr. Mannarino)

Outstanding Professional Award—American Professional Society on the Abuse of Children (Dr. Cohen)